

L12000099481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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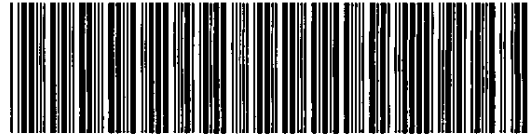
(Business Entity Name)

(Document Number)

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12 AUG 13 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Oulligan AUG 14 2012

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** No Cash Down LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jena Rissman Atlass, Esq.

Name of Person

Savage & Atlass, P.L.

Firm/Company

3999 Sheridan Street, Suite 200

Address

Hollywood, FL 33021

City/State and Zip Code

jatlass@savageatlass.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jena Rissman Atlass, Esq.

Name of Person

at ( 954 )

985-1005

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED

12 AUG 13 PM 12:44

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FIRST:** The name of the limited liability company is:  
No Cash Down LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The principal office and mailing address incorrectly identified FL as the state.

The correct principal office and mailing address is: 3280 Peachtree Road

Suite 800, Atlanta, GA 30305

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: August 8, 2012

  
Signature of a member or authorized representative of a member

Jena Rissman Atlass, Auth. Rep.

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L12000099481  
FILED 8:00 AM  
August 02, 2012  
Sec. Of State  
tcline

**Article I**

The name of the Limited Liability Company is:  
NO CASH DOWN LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
3280 PEACHTREE ROAD  
SUITE 800  
ATLANTA, FL. US 30305

The mailing address of the Limited Liability Company is:  
3280 PEACHTREE ROAD  
SUITE 800  
ATLANTA, FL. US 30305

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
SAVAGE & ATLASS, P.L.  
3999 SHERIDAN STREET  
SUITE 200  
HOLLYWOOD, FL. 33021

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JENA RISSMAN ATLASS, MANAGER

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
WAYNE H PACE  
4900 NORTHSIDE DRIVE NW  
ATLANTA, GA. 30327 US

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Signature of member or an authorized representative of a member

Electronic Signature: JENA RISSMAN ATCLASS, AUTH. REP.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.